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United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director-General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council resolution 2016/5.

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Report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

I. Introduction

1. The present report provides an update on the activities of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases since the adoption of Economic and Social Council resolution 2016/5, in which, for the first time, the Council encouraged members of the Task Force to provide support to Member States in reflecting the new non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development in their national development plans and policies, in order to enable them to accelerate progress on specific non-communicable disease-related targets.

2. Accordingly, during the course of the past year, the members of the Task Force have worked in a coordinated manner to support national efforts to promote mental health, reduce substance abuse, address all forms of malnutrition, improve road safety and address environmental health risks, thereby making a significant contribution to a wide range of non-communicable disease-related targets of the Sustainable Development Goals.

3. The present report is the final report from the Task Force to the Economic and Social Council ahead of the submission of the report of the Director General of the World Health Organization (WHO) on the prevention and control of non-communicable diseases to the General Assembly towards the end of 2017 in preparation for a comprehensive review by the Assembly, in 2018, of the progress achieved in the prevention and control of non-communicable diseases.

II. Situation analysis: global burden of non-communicable disease-related Sustainable Development Goals and national responses

4. WHO estimates that 27 per cent of all global deaths in 2015 of people between the ages of 30 and 70 years were from non-communicable diseases (commonly referred to as premature deaths from non-communicable diseases).[1] They are largely avoidable.[2] Globally, premature mortality from these four main categories of non-communicable diseases declined by 15 per cent between 2000 and 2012.[3] This rate of decline is insufficient to meet target 3.4 of the Sustainable Development Goals, which is to, by 2030, reduce by one third premature mortality from

[1] The majority were caused by cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

[2] World Health Organization, global burden of disease estimates (2015). Available from www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html.

[3] World Health Organization, *World Health Statistics 2016: monitoring health for the Sustainable Development Goals* (Geneva, 2016). Available from www.who.int/gho/publications/world_health_statistics/2016/en/.

non-communicable diseases through prevention and treatment and promote mental health and well-being.

5. By 2015, countries such as Brazil, Canada, Chile, Colombia, Costa Rica, Iran (Islamic Republic of), the Russian Federation and the United Kingdom of Great Britain and Northern Ireland were making major strides in implementing the four time-bound national commitments for 2015 and 2016 set out in the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases. Progress made by Member States since then is currently being assessed once more by WHO during the first half of 2017, using indicators set out in a technical note issued by WHO. The findings of the ongoing survey will be included in the report of the Director General of WHO referred to in paragraph 3 above, which will be submitted to the General Assembly by the end of 2017. While the results of the survey have not yet been analysed fully, it appears that the pace of progress in 2015 and 2016 has been largely insufficient.

6. Although the proportion of countries that have an operational national non-communicable diseases policy with a budget for implementation increased from 32 per cent in 2010 to 50 per cent in 2013, many countries, in particular developing countries, continue to struggle to move from commitment to action. The Task Force has observed a number of obstacles at the country level, including:

(a) A lack of policy expertise to integrate measures to address non-communicable diseases into national responses to the 2030 Agenda for Sustainable Development;

(b) Insufficient analytical, legal and tax administrative capacity to increase domestic taxes on health-harming products in order to ensure self-financing of national responses to the Sustainable Development Goals and non-communicable diseases;

(c) Weak capacity of ministries of health in the majority of developing countries to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government in a multisectoral approach;

(d) Lack of national capacity to assess the rationale for and principles, benefits and risks of engagement with non-governmental organizations, the private sector, academic institutions and philanthropic foundations with a view to strengthening their contributions to national responses to non-communicable diseases;

(e) Private sector interference that blocks Governments in their efforts to implement certain very cost-effective and affordable measures to attain target 3.4 of the Sustainable Development Goals (for example, increasing excise taxes and prices on tobacco products, alcoholic beverages and sugar-sweetened beverages);

(f) Unmet demands for technical assistance to be provided through bilateral and multilateral channels to strengthen national capacity, enabling countries to develop their national multisectoral responses to non-communicable diseases;

(g) A change in patterns of health financing, in which more of the burden is placed on domestic budgets, and the need for ever greater price and tax measures on

tobacco products in order to reduce tobacco consumption and health-care costs and provide a revenue stream for financing for development in many countries, in line with the 2015 Addis Ababa Action Agenda.

7. In response to an invitation from the General Assembly to the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) to consider developing a purpose code for non-communicable diseases in order to improve the tracking of official development assistance in support of national efforts for the prevention and control of non-communicable diseases (see General Assembly resolution 68/300, para. 33), the Development Assistance Committee of OECD has been developing a purpose code for review by its Working Party on Development Finance Statistics in June 2017.

III. Work of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

8. The Task Force's current workplan covers 2016 and 2017 and is organized around the six objectives of its terms of reference. The first part of the workplan describes the Task Force's overarching strategic directions, whereas the second part provides more details on activities that members of the Task Force are undertaking. A progress report was published in January 2017.[4]

Objective 1: to enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control non-communicable diseases and mitigate their impacts

Strengthen the capacities of United Nations country teams, including through joint programming

9. Over the past year, 12 members of the Task Force[5] have participated in joint programming missions to support the development and strengthening of national responses to non-communicable diseases in Bhutan, Kyrgyzstan, Oman, Paraguay, Turkey, Viet Nam and Zambia. In line with the decision of the Economic and Social Council to encourage members of the Task Force to provide support in reflecting the new non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development in the national development plans and policies of Member States, the scope of the joint mission to Zambia included improving road safety, while the mission to Bhutan included addressing all forms of malnutrition.

10. Members joining the joint programming missions held detailed discussions with United Nations country teams, Heads of State and Government, ministers and officials across government departments, as well as civil society. The joint missions

[4] See www.who.int/ncds/un-task-force/interim-report-uniatf-consolidated-work-plan-2016-2017.pdf?ua=1.

[5] Economic and Social Commission for Asia and the Pacific, Food and Agriculture Organization of the United Nations, International Labour Organization, Joint United Nations Programme on HIV/AIDS, Office of the United Nations High Commissioner for Refugees, United Nations Children's Fund, United Nations Development Programme, United Nations Human Settlements Programme (UN-Habitat), United Nations Population Fund, World Bank, World Food Programme and World Health Organization.

have received significant attention from local media. They have resulted in: (a) strengthened capacities of United Nations country teams to support Governments in including non-communicable disease-related targets in national responses to the Sustainable Development Goals; (b) stronger commitments from Governments to recognize their primary role and responsibility to engage all sectors of society to generate effective national responses through the development of whole-of-government and whole-of-society approaches and by prioritizing an updated set of very cost-effective and affordable non-communicable disease interventions for all Member States, currently being considered by the World Health Assembly for endorsement.[6] Full reports and summaries are available on the Task Force website.

11. Follow-up activities to joint programming missions have been undertaken to support the Governments of Belarus, Kyrgyzstan and Mongolia to develop a national economic investment case to address non-communicable diseases, in response to the commitment made by the General Assembly in 2014 to raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty and social and economic development (see General Assembly resolution 68/300, para. 30 (a) (iv)). Follow-up support has been provided to Paraguay and Tonga to strengthen national efforts to promote healthy diets and physical activity and reduce childhood obesity, and to the Democratic Republic of the Congo and Mozambique to improve access to safe, quality and affordable medicines for non-communicable diseases.

Global joint programme to strengthen governance for addressing non-communicable diseases

12. The United Nations Development Programme (UNDP) and WHO have developed a global joint programme aimed at enhancing national governance for the prevention and control of non-communicable diseases. The programme has five elements to support Governments in their efforts to: (a) develop national investment cases;[7] (b) establish a national multisectoral mechanism;[8] (c) develop multisectoral public policies and action plans to achieve the non-communicable disease-related targets of the Sustainable Development Goals;[9] (d) integrate action on non-communicable diseases into planning frameworks for the Sustainable Development Goals;[10] and (e) provide technical assistance to implement national demand reduction measures for the four major risk factors for non-communicable diseases.[11] Support has been provided to Fiji and Viet Nam in developing national investment cases. A meeting was held by UNDP, WHO and the World Bank to review the preliminary results of this support and to agree on standardized approaches to develop comparable national investment cases, including those for development with support from the World Bank (Ethiopia, Ghana and Kenya) and OECD.

[6] See World Health Organization, document EB140/27, annex 1.
[7] In response to General Assembly resolution 68/300, para. 30 (a) (iv).
[8] In response to General Assembly resolution 68/300, para. 30 (a) (vi).
[9] In response to General Assembly resolution 68/300, para. 30 (a) (ii).
[10] In response to General Assembly resolution 68/300, para. 30 (a) (v).
[11] See www.who.int/ncds/un-task-force/flyer-ncds2030.pdf?ua=1.

Coordinated action on cancer

13. In 2016, the International Atomic Energy Agency (IAEA), WHO and the International Agency for Research on Cancer continued their joint collaboration on cancer control in order to increase national capacity to prevent, control and monitor cancer in seven priority countries.[12] Joint missions were conducted in Kazakhstan and Kenya to identify national cancer control needs and review national capacities. Findings from the missions have led to the development of new national cancer control strategies. Capacity-building for cancer control was provided through the National Cancer Centre of the Republic of Korea. Planning workshops were supported in El Salvador and Myanmar. A national palliative care workshop for health professionals was supported in Fiji. Joint resource mobilization and demonstration of outcomes in cancer control in the selected countries through the primary mandates of the agencies are the challenges that have been identified and will have to be addressed as a priority.

14. Missions under the IAEA-led Programme of Action for Cancer Therapy have been conducted in Belarus, Belize, Honduras, Kazakhstan, Kenya, Liberia, Paraguay and Sierra Leone, resulting in findings and recommendations on national cancer control strategies and plans. Planning workshops were supported in El Salvador and Myanmar and a national palliative care workshop was held in Fiji. Two regional workshops organized by IAEA, WHO, the International Agency for Research on Cancer and the African Cancer Registry Network took place in the Congo and Ghana to enable 35 African countries to strengthen the role of cancer data in informing cancer control planning. A workshop on palliative care as part of comprehensive cancer control, organized by IAEA, WHO, the United Nations Office on Drugs and Crime, the International Narcotics Control Board and others was held for nine countries in the Asia-Pacific region.

Joint global programme on cervical cancer prevention and control

15. In response to the call in 2016 by the Secretary-General to eliminate cervical cancer as a public health issue,[13] a joint global programme on cervical cancer prevention and control was finalized the same year by seven members of the Task Force.[14] The countries selected for initial support are Bolivia (Plurinational State of), Kyrgyzstan, Mongolia, Morocco, Myanmar and the United Republic of Tanzania. Initial inception missions have been conducted and priority activities for providing technical assistance have been identified in Morocco and Myanmar. A side event on the joint programme was held during the sixtieth session of the IAEA General Conference.[15] A partners' round-table meeting was hosted by the Government of the United States of America; partners recommended that a pledging

[12] El Salvador, Ethiopia, Fiji, Jordan, Kazakhstan, Kenya and Myanmar.

[13] "We must work together to eliminate cervical cancer as a public health issue and to reduce the burden that millions face from all cancers". Secretary-General's message on World Cancer Day, 4 February 2016.

[14] IAEA, International Agency for Research on Cancer, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, United Nations Population Fund, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and WHO.

[15] See www.iaea.org/newscenter/news/prompt-detection-and-treatment-new-united-nations-joint-global-programme-to-prevent-cervical-cancer.

conference be convened to raise the required funds to operationalize the joint global programme.[16]

Thematic working group on reducing the harmful use of alcohol

16. The thematic working group on reducing the harmful use of alcohol consists of 16 Task Force members. A workshop was held in Botswana in February 2016 to assist the Governments of nine countries[17] in strengthening and aligning their national policies to reduce the harmful use of alcohol, violence and communicable diseases (such as HIV/AIDS), including developing national road maps for action. With the support of United Nations system organizations, Governments have subsequently been working across ministries to finalize and start to implement these road maps, including by strengthening national strategies and legal frameworks to reduce the harmful use of alcohol. In March 2017, Botswana hosted an event at the sixty-first session of the Commission on the Status of Women to share progress among the nine countries in implementing their road maps. Additional resources are required for the Task Force to scale up its technical assistance in this area, and the thematic working group has been developing a global joint programme for consideration by donors.

Thematic working group on addressing all forms of malnutrition

17. The Task Force has established a thematic working group on addressing all forms of malnutrition with the aim of increasing the activities of United Nations system organizations conducted at the national, regional and global levels in order to support Governments in implementing the actions recommended in the workplan for the United Nations Decade of Action on Nutrition for the period 2016-2025. The group is convened by the United Nations System Standing Committee on Nutrition.[18] At its eighth meeting, the Task Force approved the terms of reference for the group, which includes four objectives: addressing the right to food; improving policy coherence among United Nations system and related intergovernmental organizations; increasing coordination of programme actions related to nutrition and diet-related non-communicable diseases; and supporting the work of the Task Force in implementing national and regional strategies and action plans on non-communicable diseases. Fourteen joint actions have been agreed and will focus on the improvement of the health and food environment, that is, the space in which consumers make their dietary and lifestyle choices and in which a range of food is offered. The link with the agricultural sector, as well as other sectors, such as trade, education, environment and planning, is essential, as is the integration of nutrition in health systems.

[16] See www.who.int/ncds/un-task-force/meeting-report-cervical-cancer-partners-meeting-december2016.pdf?ua=1.

[17] Botswana, Ethiopia, Ghana, Kenya, Lesotho, Nigeria, Seychelles, Uganda and United Republic of Tanzania.

[18] The United Nations System Standing Committee on Nutrition was established in 1977 by the Economic and Social Council and reports to the Council.

Coordinated action on ending childhood obesity

18. United Nations system organizations contributed to the work of the WHO Commission on Ending Childhood Obesity.[19] The Commission's report was welcomed by the World Health Assembly in 2016; it provides recommendations on how to halt the rising trend of children under 5 years of age becoming overweight and obese.[20] Member States requested the Director General of WHO to develop a global implementation plan guiding further action on the recommendations included in the report, for consideration by the World Health Assembly in 2017.[21] At its eighth meeting, the Task Force agreed to convene a session to consider how its members could provide support to the implementation plan.

Coordinated action to increase physical activity

19. In July 2016, the General Assembly considered the report of the Secretary-General entitled "Sport for development and peace: towards sport's enabling of sustainable development and peace" (A/71/179), prepared by the United Nations Office on Sport for Development and Peace. The report contains a discussion of specific initiatives undertaken by Member States and United Nations system organizations on sport and healthy lifestyles and identifies good practice approaches, as well as conclusions and recommendations, including on the incorporation of sport, physical activity and healthy lifestyles into national health programming.

20. The United Nations Educational, Scientific and Cultural Organization (UNESCO), the European Commission, the International Council of Sport Science and Physical Education, the International Olympic Committee, UNDP, the United Nations Children's Fund and WHO have jointly developed a quality physical education policy package to assist the review of physical education guidelines and policies in countries. Implementation is currently ongoing in Fiji, Mexico, South Africa and Zambia. In 2015, the International Charter of Physical Education, Physical Activity and Sport[22] was adopted by the UNESCO General Conference at its thirty-eighth session. The International Charter reflects significant evolutions in the field of sport and introduces universal principles, such as ethics, gender equality, non-discrimination and social inclusion, in and through sport.

Thematic working group to strengthen monitoring and surveillance for non-communicable diseases

21. The Task Force has agreed on three main functions for the Thematic Working Group to strengthen monitoring and surveillance of non-communicable diseases, including: (a) to strengthen collaboration between key technical programmes across the United Nations system organizations and with other technical partners to harmonize and improve data availability and quality to contribute to improved development of policy and programme responses to prevent and control

[19] See www.who.int/end-childhood-obesity/en/.

[20] See World Health Organization, document A69/DIV./3, decision WHA69(12).

[21] Ibid., decision WHA69(12), para. 4.

[22] See www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter.

non-communicable diseases; (b) to improve the coordination and harmonization of non-communicable disease-related surveillance activities; and (c) to coordinate country action, including maximizing the impact of joint missions and their follow-up with regard to the promotion of a more integrated approach to surveillance across the United Nations country teams. Mapping of activities related to the surveillance of non-communicable diseases across the members of the Task Force is currently under way.

Global joint programme on promoting the use of mobile technologies to address non-communicable diseases

22. The global joint programme developed by the International Telecommunication Union and WHO, entitled "Be He@lthy, Be Mobile",[23] continued to support Member States in their efforts to use mobile technologies to strengthen national non-communicable diseases services. The first phase (2013-2016) was focused on developing content and partnerships for creating large-scale mobile health programmes. The second phase (2017-2020) has been jointly developed and will introduce new activities to help to institutionalize digital innovations and ensure scalability, sustainability and knowledge-sharing between countries. Results over the past 12 months include: (a) the mobile tobacco cessation programme in India has now reached 2 million users: (b) a new mobile diabetes programme was launched in India and now has 100,000 users; (c) a mobile cervical cancer awareness programme was launched in Zambia and has reached 250,000 women; and (d) annual mobile diabetes campaigns were run during Ramadan in Senegal and Egypt, each reaching 50,000 users. During the course of the year, technical handbooks have been prepared for the mobile tobacco cessation, diabetes and cervical cancer programmes. Mobile health handbooks currently under development include those on tuberculosis and tobacco, wellness, mobile health monitoring and evaluation, digital health platforms, chronic lung diseases and ageing.

Thematic working group on improving mental health and well-being

23. A thematic working group on improving mental health and well-being was established at the seventh meeting of the Task Force. The group currently has 14 members. Its objectives are: (a) to provide more effective support for the implementation of the Sustainable Development Goals related to mental health and well-being;[24] and (b) to provide support to Member States in their efforts to build national mental health responses, taking into account the WHO comprehensive mental health action plan 2013-2020. The group is finalizing a publication that maps the activities, products and projects of its members in the area of improving mental health. Members have also worked to support WHO in its communication and advocacy for World Health Day 2017, on depression. Members of the group will join relevant missions of the Task Force in the future.

[23] See www.itu.int/en/ITU-D/ICT-Applications/eHEALTH/Be_healthy/Pages/Be_Healthy.aspx.

[24] Especially target 3.4 of the Goals, to reduce premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Thematic working group on improving road safety

24. The Task Force has agreed that a thematic working group in this area is not required at this juncture, as other avenues are available for taking forward concerted and coordinated action. The Task Force has agreed, however, that joint missions should continue to include raising awareness about the need to improve road safety.

Thematic working group to address environmental health risks and non-communicable diseases

25. At the seventh meeting of the Task Force, the thematic working group on addressing environmental health risks and non-communicable diseases was established; terms of reference will be finalized at the ninth meeting.

Coordinated action to address non-communicable diseases in emergencies

26. The informal working group on non-communicable diseases in humanitarian emergencies continues to work on operational priorities in terms of interventions and diseases on which to focus. It is currently developing an operational manual for priorities regarding non-communicable diseases in humanitarian emergencies. Revisions to the inter-agency emergency health kit were finalized in November 2016. The working group has provided technical support for the development of a stand-alone non-communicable diseases health kit, which is being piloted in the Middle East.

Coordinated action to promote smart healthy cities to address non-communicable diseases

27. The International Telecommunication Union, the United Nations Human Settlements Programme (UN-Habitat) and WHO signed a letter of intent agreeing to develop a joint initiative aiming to provide technical assistance to cities to improve the health, well-being and living conditions of their urban residents. The initiative will focus on smart, innovative technologies to tackle premature mortality from non-communicable diseases.

28. The United Nations University International Institute for Global Health convened and led an urban thinkers campus forum on the theme "Health and well-being in the city we need", in Kuching, Malaysia, in January 2016. Outcomes fed into the preparatory discussions for the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) and were incorporated into the New Urban Agenda.

Non-communicable diseases in the workplace

29. The links between non-communicable diseases and occupational and work-related diseases have been taken forward by WHO and the International Labour Organization (ILO) through the "SOLVE" training of trainers programme, which integrates health promotion into occupational safety and health policies and is included in the curriculum of the ILO international training centre. United Nations system staff have also taken the course to include the approach in their health promotion policies in line with the occupational safety and health framework for the United Nations common system.

30. The members of the Task Force have been challenged to "walk the talk" in their respective workplaces by incorporating healthy lifestyle and supportive environment measures for physical activity, healthy diets, tobacco-free premises and alcohol harm reduction as part of their healthy workplace programmes. This serves to raise awareness among staff and families about non-communicable diseases and their risk factors and further institutionalize the importance of prevention among Task Force members.

Objective 2: to facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control non-communicable diseases and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of non-communicable diseases

Facilitate information exchange at the global level

31. The seventh meeting of the Task Force (Geneva, 25-27 October 2016) was attended by 24 organizations.[25] The eighth meeting (Geneva, 21-23 February 2017) was attended by 28 organizations.[26] At both meetings, progress was reviewed on joint programming missions and their follow-up, global joint programmes, thematic groups and resource mobilization.

32. Members of the Task Force continued their work to integrate work on non-communicable diseases into the policies, strategies and plans of their governing bodies. Approximately 60 per cent of the 35 members that responded to a survey carried out in 2017 have included work on non-communicable diseases in their policies and plans and have programmes and/or projects that address non-communicable diseases.

Facilitate information exchange at the regional level

33. The Inter-American Task Force on Non-communicable Diseases, established in 2015 as a regional network of the Pan American Health Organization (PAHO) and a number of regional intergovernmental organizations and development banks, stimulates collaboration and networking across various sectors of Governments in the Americas to support comprehensive responses to non-communicable diseases at the national, subregional and regional levels and to achieve the targets and indicators of the PAHO regional plan of action on non-communicable diseases.

34. The Pacific subregional thematic group on non-communicable diseases, established three years ago, continues to meet quarterly. The Group has focused on gestational diabetes, food security, cervical cancer, workplace health promotion and costing studies for non-communicable diseases and participated in the Pacific Non-communicable Diseases Summit (Tonga, 20-22 June 2016).

[25] See www.who.int/ncds/un-task-force/events/oct-2016-uniatf-seventh-meeting/en/.
[26] See www.who.int/ncds/un-task-force/events/feb-2017-uniatf-eighth-meeting/en/.

Accessing information on the Task Force

35. The Task Force's web pages are hosted on the WHO website and have been strengthened over the past year. They provide information on the activities of the Task Force and policies and programmes of its members in the area of non-communicable diseases. A separate password-protected Internet site has information specifically for Task Force members. The Task Force also shares information on Twitter (@un_ncd) and has recently established a YouTube channel for Task Force-related videos.

Objective 3: to facilitate information on available resources to support national efforts to prevent and control non-communicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group

Protecting activities of the Task Force from undue influence by vested interests and providing updates on work on conflicts of interest, including on preventing tobacco industry interference

36. A model policy for organizations of the United Nations system on preventing tobacco industry interference, which contains measures based on article 5.3 of the WHO Framework Convention on Tobacco Control and the relevant guidelines adopted by the Conference of the Parties to the Framework Convention, has been under development by the Task Force since its sixth meeting. At the seventh meeting of the Task Force, members concurred that the model policy could now be made available to Task Force members to consider its use in line with their respective mandates, upon consultation and with the agreement of their relevant constituencies and/or governing bodies, as appropriate.[27] The secretariats of the World Trade Organization (WTO)[28] and the World Intellectual Property Organization abstained from any decision on the model policy.

37. At the eighth meeting of the Task Force, two members reported that they were considering the model policy internally. A number of members reported that they had policies that were at least partially consistent with the model policy. The secretariat of the Framework Convention and WHO have indicated that they stand ready to provide support to Task Force members in developing their policies, but highlighted that members needed to be proactive in seeking support. The Task Force

[27] ILO, as a tripartite United Nations agency which brings together government, employers' and workers' representatives of 187 Member States, has to consult with its tripartite constituents on the scope and implications of the draft model policy. Pending the outcome of such consultations, ILO will not be able to express its position on the model policy.

[28] The WTO secretariat is governed by specific rules requiring a high level of integrity and independence from external influence, which are contained in the Marrakesh Agreement Establishing the World Trade Organization and the WTO Staff Rules and Regulations, including detailed provisions on standards of conduct and, in particular, concerning procedures for the settlement of disputes between WTO members, the rules of conduct for the understanding on rules and procedures governing the settlement of disputes (WT/DSB/RC/1). In the light of the need to maintain strict neutrality and independence in respect of the positions and interests of WTO member Governments and its role in supporting the settlement of disputes, the WTO secretariat abstained from any decision on the model policy.

secretariat agreed to collate policies from members for review at future Task Force meetings.

Objective 4: to strengthen advocacy in order to raise the priority accorded to the prevention and control of non-communicable diseases on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level United Nations officials

38. The Task Force is currently implementing a communications action plan. At the eighth meeting of the Task Force, members agreed for a communications officers network to be formed in order to implement the action plan, including support for the WHO global communications campaign on non-communicable diseases.

39. The Task Force continues to raise priority of the prevention and control of non-communicable diseases through joint programming country missions, which support United Nations country teams in increasing awareness of the importance of the non-communicable disease-related Sustainable Development Goals within the 2030 Agenda for Sustainable Development and their roles and responsibilities. Identifying necessary human and financial resources within the United Nations system, particularly at the country level, will catalyse national action on non-communicable diseases.

40. Joint programming missions have provided opportunities for highlighting non-communicable disease-related Sustainable Development Goals with Governments, non-State actors and international development partners. During the missions, the Task Force successfully cooperated with the local, regional and international media.

41. On the margins of the 2016 World Health Assembly, the Task Force, in cooperation with Barbados, Jamaica, Kenya, Oman, Peru, the Russian Federation and Viet Nam, organized a side event on the theme "Implementation of successful, cost-effective, evidence-based non-communicable diseases interventions — how the Task Force can help countries accelerate prevention and control of non-communicable diseases by 2030".

42. The 2016 high-level political forum on sustainable development included a side event hosted by WHO and the Russian Federation on the theme "Reflecting the non-communicable diseases-related SDG targets for 2030 in national SDG responses: leaving no one behind", which highlighted the work of the Task Force.

43. During the main part of the seventy-first session of the General Assembly, in 2016, the Russian Federation and WHO hosted a "friends of the Task Force" meeting in order to develop a network to support Member States to achieve the non-communicable disease-related Sustainable Development Goals.

44. The Task Force highlighted the linkages between non-communicable diseases and HIV/AIDS during the thirty-ninth meeting of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. Task Force members

participated in the Ninth Global Conference on Health Promotion,[29] highlighting critical linkages between health promotion and the Sustainable Development Goals.

45. The Task Force participated in the dialogue of the WHO global coordination mechanism on the prevention and control of non-communicable diseases on the role of non-State actors in supporting Member States in their national efforts to tackle non-communicable diseases as part of the Sustainable Development Goals, held in Mauritius in October 2016.

Objective 5: to incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO Framework Convention on Tobacco Control, and to ensure that tobacco control continues to be duly addressed and prioritized in the new Task Force mandate

46. Members of the Task Force continue to acknowledge the special focus on tobacco control within the mandate of the Task Force and remain committed to ensuring that tobacco control continues to be duly addressed and prioritized (see annex).

Seventh session of the Conference of the Parties

47. A total of 134 parties to the WHO Framework Convention on Tobacco Control adopted 31 decisions at the seventh session of the Conference of the Parties to the Framework Convention (Delhi, India, November 2016), in areas including: (*a*) protecting public policy from interference from the tobacco industry, including establishing a knowledge hub and the promotion of the model policy to prevent tobacco industry interference among United Nations system agencies; (*b*) human rights; (*c*) gender-specific risks when developing tobacco control strategies; and (*d*) the contribution of the Conference of the Parties to achieving non-communicable diseases targets of the Sustainable Development Goals. The Conference of the Parties also adopted the Delhi Declaration, which focused on preventing tobacco industry interference in the Framework Convention. An independent assessment of the impact of the Framework Convention over the past decade was presented; it concluded that the Framework Convention has played a critical role as an authoritative and agreed catalyst for action. The assessment will be used to strengthen the implementation of the Framework Convention.

Protocol to Eliminate Illicit Trade in Tobacco Products

48. So far, only 26 of the 40 parties to the Protocol to Eliminate Illicit Trade in Tobacco Products whose ratification is required for its entry into force have ratified the Protocol. Over the past year, 51 parties to the Framework Convention have attended workshops organized by the secretariat of the Framework Convention to raise awareness of the Protocol and promote its ratification.[30] The secretariat of the

[29] The Ninth Global Conference on Health Promotion was entitled "Promoting health in the Sustainable Development Goals: health for all, and all for health" (Shanghai, China, November 2016).

[30] Workshops highlighted the importance of customs, law enforcement and other relevant government sectors in supporting the Protocol and benefits to public health, the economy, crime prevention and security from implementation of the Protocol.

Framework Convention has also established a panel of experts on the Protocol to provide assistance to parties and facilitate the sharing of best practices. Enhanced cooperation between members of the Task Force and other agencies, such as the World Customs Organization, is required under the Protocol.

Assistance to parties

49. The secretariat of the Framework Convention conducted needs assessment missions in El Salvador, the Plurinational State of Bolivia, Costa Rica, Ecuador and Pakistan. Post-needs-assessment assistance was also provided. Six South-South and triangular cooperation projects have taken place.[9] WHO, the Framework Convention secretariat and the World Bank jointly provided support to Malaysia, Mongolia, the Philippines and Senegal over the past year to support parties to improve and increase taxes on tobacco products. A multi-country workshop for the countries of the Eurasian Economic Union was also held.

Alternative livelihoods to tobacco growing and protection of the environment

50. WHO, in collaboration with other Task Force members, is developing a publication on the environmental consequences of tobacco through its life cycle and the existing frameworks and international agreements on the issue.

WHO Framework Convention on Tobacco Control 2030 project

51. A five-year, £15 million project to accelerate the implementation of the Framework Convention in up to 15 low- and middle-income countries has been established by the Government of the United Kingdom and the Framework Convention secretariat, with intensive support for up to 15 countries. As part of the project, a ministerial-level tobacco taxation summit targeting finance ministers was convened in March 2017.

Knowledge hubs and tobacco industry monitoring centres

52. The secretariat of the Framework Convention has been developing knowledge networks to assist parties to implement the Framework Convention in areas such as tobacco taxation, water pipe and smokeless tobacco use, tobacco surveillance, South-South, triangular and international cooperation and legal challenges. Knowledge hubs will provide training and capacity-building, and tobacco industry monitoring centres will assist parties to monitor activities of the tobacco industry and counteract lobbying.

The Economics of Tobacco and Tobacco Control

53. The National Cancer Institute of the United States Department of Health and Human Services, in collaboration with WHO, has published the monograph "The Economics of Tobacco and Tobacco Control", which provides the first

[9] Projects are focused on national coordinating mechanisms, preventing tobacco industry interference, price and tax measures, packaging and labelling, cessation, and alternative livelihoods to tobacco growing and environmental protection. See www.who.int/fctc/implementation/cooperation/south_south/en/.

comprehensive review of the economics of global tobacco control efforts since the adoption of the Framework Convention.[32]

Smoke-free United Nations premises

54. The premises of the United Nations Office at Vienna became smoke-free in 2016. WHO and the secretariat of the Framework Convention are currently collecting information on the smoke-free status of other United Nations offices and continue to offer support to members to introduce policies on smoke-free United Nations premises

Objective 6: to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines

55. UNDP and WHO issued a set of policy briefs to provide policymakers and decision makers across government with information about how non-communicable diseases affect their sectors and measures they can take to respond to the challenge of non-communicable diseases while advancing their own objectives.[33]

56. Task Force members have contributed to the work of two working groups of the WHO global coordination mechanism on the prevention and control of non-communicable diseases over the past year, on: (a) the inclusion of work on non-communicable diseases in other programme areas; and (b) the alignment of international cooperation with national plans on non-communicable diseases.[34]

57. The Task Force has explored how countries can access World Bank financing as part of broader efforts to encourage Governments to increase domestic and international financing for national responses to non-communicable diseases. It agreed to convene a technical meeting with the World Bank and regional development banks to discuss how financing for the prevention and control of non-communicable diseases could be increased through multilateral channels.

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[32] United States, National Cancer Institute, "Monograph 21: the economics of tobacco and tobacco control", National Institutes of Health publication No. 16-CA-8029A (Washington, D.C., 2016). Available from https://cancercontrol.cancer.gov/brp/tcrb/monographs/21/index.html.

[33] Policy briefs were developed for the following sectors: education, trade, finance, planning and development, agriculture, communications, and Heads of State and Government (see www.who.int/ncds/un-task-force/policy-briefs/en/). Additional briefs are currently being developed.

[34] See www.who.int/global-coordination-mechanism/working-groups/working-group-3-1/en/ and www.who.int/global-coordination-mechanism/working-groups/working-group-3-2/en/.

Using human rights to strengthen the response to non-communicable diseases and related Sustainable Development Goals

58. Human rights are an overarching principle of the Task Force[35] and the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020.[36] Human rights have been an important consideration of the Task Force over the past 12 months. The Task Force has published a paper on non-communicable diseases and the right to health, with a set of measures for strengthening human rights in the area of non-communicable diseases. Ahead of the eighth meeting of the Task Force, a half-day seminar was convened for its members and the WHO global coordination mechanism on the prevention and control of non-communicable diseases to explore further how to encourage the use of human rights to strengthen action against non-communicable diseases. At the seminar, discussions were focused around the following points:

(a) A human rights framework for realizing the right to health calling on national Governments to ensure that health facilities, goods and services are available in sufficient quantity and are physically accessible and affordable on the basis of non-discrimination;

(b) Health facilities, goods and services must be gender-sensitive and culturally appropriate, scientifically and medically appropriate, of good quality and respectful of medical ethics;

(c) A human rights-based approach requires the accountability of health authorities and other duty bearers for meeting human rights obligations in public health;

(d) A human rights-based approach calls for attention to be given to determinants of health, such as exposure to risk factors for non-communicable diseases, poverty, early childhood health and development, and healthy occupational and environmental conditions;

(e) A human rights-based approach to the response to non-communicable diseases should emphasize the protection of the vulnerable and marginalized in preventing and controlling non-communicable diseases.

59. At the eighth meeting of the Task Force, members agreed to develop specific guidance for Task Force members and Member States on how they can operationalize the human rights-based approach to strengthen the prevention and control of non-communicable diseases.

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[35] In the terms of reference of the Task Force, all members affirm the right to health as a human right, as enshrined in the Universal Declaration of Human Rights and the Constitution of the World Health Organization.

[36] It is recognized in the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020 that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, as enshrined in the Universal Declaration of Human Rights.

Using legal and regulatory frameworks for the prevention and control of non-communicable diseases and related Sustainable Development Goals

60. A Task Force seminar on non-communicable diseases and law, held in 2016, highlighted the significant legal and regulatory issues around the prevention and control of non-communicable diseases and noted that national legal and regulatory capacity is uneven. Joint programming missions have also highlighted the need for national capacity-building and technical assistance to strengthen national legal and regulatory frameworks. The Task Force has therefore recommended that future joint programming missions look to include relevant legal expertise where appropriate and that WHO and other members include legal issues in providing technical assistance on specific interventions, such as investment treaties, tobacco control and action on other risk factors for non-communicable diseases. The Task Force has also highlighted the need to provide support to countries for developing the necessary legal frameworks for preventing and controlling non-communicable diseases. It also recommended that a community of practice on non-communicable diseases and law be established under the WHO global coordination mechanism on the prevention and control of non-communicable diseases. The challenge is now for the Task Force to mobilize resources to provide the necessary support to countries to address the law and regulations in preventing and controlling non-communicable diseases.

IV. Conclusions

61. Over the past year, the Task Force has continued to scale up its activities at the country, regional and global levels and has developed an approach for supporting Member States in reflecting the new non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development in their national development plans and policies. It is therefore making a significant contribution to the implementation of the 2030 Agenda for Sustainable Development.

62. Joint programming missions and their follow-up continue, and progress has been made with global joint programming and expansion of the number of thematic working groups. The Task Force has strengthened its activities around communicating the need to develop ambitious national responses to the non-communicable disease-related Sustainable Development Goals.

63. Despite progress, there are still very significant challenges. First, follow-up on the recommendations of joint programming missions requires additional capacity within the United Nations country teams to coordinate action and meet the rapidly increasing demand for technical assistance from Governments to develop whole-of-government and whole-of-society approaches. While there has been increasing political support from Task Force members, it is still not being translated sufficiently into technical assistance on the ground. Country teams are still not receiving as much support as they require.

64. Second, now that global joint programmes are being established, it is critical that they are successful in raising financial resources for their operationalization. Inception missions for the joint cervical cancer programme have highlighted the need for resources to meet the demands from Member States for catalytic technical support from United Nations agencies. Similarly, the lack of resources has

precluded implementation of the UNDP/WHO global joint programme on strengthening governance for catalysing multisectoral action to address non-communicable diseases.

65. Third, there remains very limited financing for the provision of catalytic funding to support national responses to non-communicable diseases in developing countries. There are opportunities, however, to align ever more effectively work across the United Nations system with the increase in multilateral financing provided by the World Bank and regional development banks for non-communicable diseases, as well as better engagement by development partners, multi-stakeholder partnerships and the private sector.

66. Fourth, there is the need for the United Nations system to show ever greater leadership. The model policy for organizations of the United Nations system on preventing tobacco industry interference is one example. Other examples include Task Force members demonstrating best practice in providing healthy working environments, for example by making their campuses tobacco free, providing opportunities for physical activity and providing incentives towards a healthy diet for their staff.

67. Lastly, there is the need to provide capacity within WHO to maintain the Task Force secretariat as the work of the Task Force continues to grow. The secretariat currently consists of three individuals.

V. Recommendations

68. **The Economic and Social Council is invited:**

(a) **To take note of the present report;**

(b) **To request the Secretary-General to report to it in 2018 on progress made in implementing Council resolution 2013/12, in preparation for a comprehensive review in 2018 by the General Assembly of the progress achieved in the prevention and control of non-communicable diseases;**

(c) **To call upon the members of the Task Force to continue to work together and identify additional resources to provide support to Member States in implementing the commitments included in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, taking into account the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020, including to accelerate the implementation of the WHO Framework Convention on Tobacco Control, and to help parties to the Framework Convention to also become parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, in order to facilitate the entry into force of the Protocol as soon as possible;**

(d) **To call upon bilateral donors and multilateral donors to mobilize resources for the work of the Task Force;**

(e) To call upon members of the Task Force to further discuss collaborative arrangements for financing non-communicable diseases;

(f) To call upon the United Nations country teams to support national efforts to establish collaborative arrangements and partnerships for the prevention and control of non-communicable diseases and related Sustainable Development Goals with non-governmental organizations, the private sector, philanthropic foundations and academic institutions, while protecting public health policies from undue influence by any form of real, perceived or potential conflict of interest;

(g) To call upon WHO to strengthen national capacity to assess the rationale, principles, benefits and risks of engagement with non-governmental organizations, the private sector, academic institutions and philanthropic foundations, with a view to strengthening their contributions to national responses to non-communicable diseases;

(h) To call upon the members of the Task Force to mobilize existing Goodwill Ambassadors, Envoys and Global Advocates, as well as eminent persons and local champions, to raise awareness about the burden of non-communicable diseases and the links with poverty and sustainable development;

(i) To call upon bilateral donors and multilateral and regulatory donors to strengthen international cooperation to support efforts to build sufficient legal and regulatory capacity in developing countries to increase domestic taxes on health-harming products in order to ensure self-financing of national sustainable development goals and responses to non-communicable diseases;

(j) To affirm the crucial role of a human rights-based approach to addressing non-communicable diseases and to meeting the non-communicable disease-related targets of the Sustainable Development Goals, as well as the commitments to leave no one behind and to reach first those who are furthest behind, and to encourage the United Nations human rights treaty monitoring bodies and the special procedures of the Human Rights Council to give attention to and practical guidance on non-communicable diseases and human rights in accordance with their respective mandates;

(k) To call upon the members of the Task Force to create smoke-free campuses and to implement their own policies on preventing tobacco industry interference based upon the model policy for organizations of the United Nations system on preventing tobacco industry interference, in particular, ensuring a consistent and effective separation between the United Nations system and the tobacco industry, as in the guiding principle of the model policy, as appropriate.

Annex

Progress in the implementation of the World Health Organization Framework Convention on Tobacco Control in 2016 and 2017

Article issue	*Agency*	*2016 and 2017 activities*	*Progress*
Article 4.2 (d) (Tobacco and gender)	Secretariat of the Framework Convention	Technical tool to address tobacco control and gender	In preparation
	UN-Women		
	UNDP		
	WHO		
Article 5 (General obligations)	Secretariat of the Framework Convention	Needs assessment missions in 10 countries with follow-up	Missions conducted in Lebanon, El Salvador, Plurinational State of Bolivia, Costa Rica, Ecuador and Pakistan. Missions in Egypt, Tunisia and Ukraine confirmed for 2017
	UNDP	Regional and subregional workshops held	
	WHO		Workshops held in Fiji, Zimbabwe and Brazil
	UNDP	Guidance on national multisectoral coordination mechanisms	On track
	Secretariat of the Framework Convention	Guidance and action for United Nations country teams	
		Toolkit for national tobacco control mechanisms	
	Secretariat of the Framework Convention	Progress in reducing tobacco industry interference	See para. 36 above
	WHO		

Article issue	*Agency*	*2016 and 2017 activities*	*Progress*
Article 6 (Price and tax measures to reduce the demand for tobacco)	World Bank	Provision of technical support, including economic tools	National investment cases launched in three countries
	Secretariat of the Framework Convention		Ministerial tax summit held
	UNDP		
	WHO		
	IMF		
Article 8 (Protection from exposure to tobacco smoke)	WHO	Support legislation and local action (e.g., smoke-free movies)	Ongoing
	Secretariat of the Framework Convention	Encourage smoke-free Olympic Games in 2020	
	WHO	Promote reduction of second-hand smoke exposure during pregnancy in three countries/cities	Guidelines disseminated
	UNICEF		
	UNFPA		
	Secretariat of the Framework Convention	Work towards smoke-free premises/campuses of United Nations system organizations	Ongoing
	All relevant members		
Articles 9 and 10 (Regulation of the contents of tobacco products and tobacco product disclosures)	Secretariat of the Framework Convention	Meeting of working group	On track
	WHO	Provide assistance to parties	
		Coordinate work of relevant networks and forums	
Article 11 (Packaging and labelling of tobacco products)	UNCTAD	Advice provided on intellectual property and investment agreements	Ongoing
	WHO	Promote plain packaging and large graphic health warnings, including by collating copyright-free material	Ongoing. Databases available
	Secretariat of the Framework Convention		

Article issue	*Agency*	*2016 and 2017 activities*	*Progress*
Article 12 (Education, communication, training and public awareness)	WHO	Conduct World No Tobacco Day campaigns	Ongoing, including South-South and triangular cooperation
	Secretariat of the Framework Convention	Study tours and training	
	WHO	Increase awareness using mobile health	Ongoing through "Be He@lthy, Be Mobile" (see para. 22 above)
	ITU		
Article 13 (Tobacco advertising, promotion and sponsorship)	Secretariat of the Framework Convention	Expert group on tobacco advertising, promotion and sponsorship established	Terms of reference being developed
Article 15 (Illicit trade in tobacco products)	Secretariat of the Framework Convention	Promote entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products	Workshops held, good practices disseminated and work of the panel of experts facilitated
	WHO	Regional and subregional workshops and training	
	World Customs Organization		
	World Bank		
Articles 17 and 18 (Economically viable alternative activities)	FAO	Update the study "Projections of tobacco production, consumption and trade"	On track
	Secretariat of the Framework Convention	Facilitate South-South and triangular cooperation	Study visit to Brazil conducted
	WHO	Study to develop a procedure on how to address the health impact of tobacco growing	Report on Africa and country fact sheets issued
	ILO	Disseminate the report on tobacco agriculture and trade	Agroeconomic studies in Indonesia and India completed
	UNCTAD	Studies on tobacco agroeconomics	
	UNDP		
Article 20 (Research, surveillance and exchange of information)	WHO	Monitor tobacco epidemic	WHO report on the global tobacco epidemic, 2017 focuses on monitoring; publication is planned for July 2017
			2016 global progress report published

Article issue	*Agency*	*2016 and 2017 activities*	*Progress*
Article 22 (International cooperation)	Secretariat of the Framework Convention UNDP All Task Force members	Fact sheets describing collaboration between agencies and Framework Convention secretariat South-South/triangular cooperation meeting and progress in projects	Fact sheets published Third meeting planned for 2017 Six projects being implemented
Development	UNDP Secretariat of the Framework Convention WHO	Highlight links with sustainable development Advocacy for prioritizing taxation as a key tool for sustainable development	Paper to be issued in 2017
Trade (and investment)	UNCTAD Secretariat of the Framework Convention WHO WTO	Disseminate papers on international investment agreements and tobacco control policies Support parties in litigation cases Standardize training packages	Work ongoing, with workshops held and technical assistance provided

Abbreviations: FAO, Food and Agriculture Organization of the United Nations; ILO, International Labour Organization; IMF, International Monetary Fund; ITU, International Telecommunication Union; UNCTAD, United Nations Conference on Trade and Development; UNDP, United Nations Development Programme; UNFPA, United Nations Population Fund; UNICEF, United Nations Children's Fund; UN-Women, United Nations Entity for Gender Equality and the Empowerment of Women; WHO, World Health Organization; WTO, World Trade Organization.